

UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

Charitta Burt, Paralegal

U. S. Application No. 10/906971

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Copy of ISR 90, Copy of IPER \_\_\_\_\_

Assignee information: \_\_\_\_\_

Priority Info: Country DE No. 102 31 356,3 date 7-11-02 MORE (turn over)

Correspondence checked: \_\_\_\_\_

Inventor Name checked: F Sandra L HINTZ

Inventor Residence city: Moers, state and/or country DE citizenship: DE

International Application No. PCT PCT/2003 007425 Language \_\_\_\_\_

Copy of ISR: ✓

Copy in International Application: ✓; Translation: yes ✓ no \_\_\_\_\_ spec. page no. \_\_\_\_\_

371 Filing Fees: 300; meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: 14 Chargeable 14 Independent 2 multiple 10

Number of drawing Sheets: 1 Foreign language: \_\_\_\_\_

Oath/Declaration: ✓; signed ✓ unsigned    defective    completed 45-05

Small entity fee: \_\_\_\_\_; SME papers: yes \_\_\_\_\_ no \_\_\_\_\_

Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

References \_\_\_\_\_

Copy of IPER: \_\_\_\_\_; Annexes: \_\_\_\_\_ entered \_\_\_\_\_ not entered \_\_\_\_\_

Preliminary Amendment(s): ✓ date: 1-7-05; 2<sup>nd</sup> amendment date \_\_\_\_\_

IDS: \_\_\_\_\_ DATE: \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ DATE \_\_\_\_\_

Request for Immediate Examination: ✓

Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_

Assignment: \_\_\_\_\_ forwarded to Assignment branch date: \_\_\_\_\_

Priority Document(s): \_\_\_\_\_ date \_\_\_\_\_; Number of copies included \_\_\_\_\_

Power of Attorney: \_\_\_\_\_

Abstract: ✓, Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_

Date of 35 USC Receipt of Request: 1-7-05 Notes: \_\_\_\_\_

Date Completion USC 371 Requirements: 4-5-05

Notice of Missing Requirements: \_\_\_\_\_

Notice of Defective Response: \_\_\_\_\_

Notice of Acceptance: 4-11-05

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_; Petition 1.47: \_\_\_\_\_

Other forms: \_\_\_\_\_ Extension of time: Number of months \_\_\_\_\_